



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/773,618
		Filing Date	February 6, 2004
		First Named Inventor	Thomas W. DUBENSKY, Jr.
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	5	Attorney Docket Number	282172002800

## ENCLOSURES (Check all that apply)

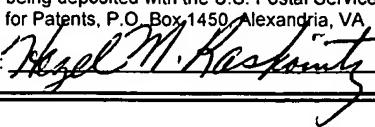
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Supplemental Application Data Sheet (4 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Alicia J. Hager - 44,140
Signature	
Date	March 3, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 3, 2004

Signature:  (Hazel M. Raskowitz)



## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/773,618  
Filing Date:: 02/06/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: Not Yet Assigned  
CD-ROM or CD-R?:: None  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: One  
Title:: MODIFIED FREE-LIVING MICROBES,  
VACCINE COMPOSITIONS AND  
METHODS OF USE THEREOF  
Attorney Docket Number:: 282172002800  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 51  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: W.  
Family Name:: DUBENSKY  
Name Suffix:: Jr.  
City of Residence:: Piedmont

State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 15 King Avenue  
City of mailing address:: Piedmont  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94511

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Dirk  
Middle Name:: G.  
Family Name:: BROCKSTEDT  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 864 York Street, Apt. 2  
City of mailing address:: Oakland  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94610

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Keith  
Family Name:: BAHJAT  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 940 Orpheus Avenue  
City of mailing address:: San Diego  
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 92024

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: E.  
Family Name:: HEARST  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 101 Southampton  
City of mailing address:: Berkeley  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94707

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Family Name:: COOK  
City of Residence:: HaverhillLafayette  
State or Province of Residence:: MACA  
Country of Residence:: US  
Street of mailing address:: 1975 Marion Ct.  
City of mailing address:: Lafayette  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94549

#### **Correspondence Information**

Correspondence Customer Number:: 25226

## Representative Information

Representative Customer Number:: 25226

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional	60/446,051	02/06/03
This Application	Provisional	60/449,153	02/21/03
This Application	Provisional	60/490,089	07/24/03
This Application	Provisional	60/511,869	10/15/03
This Application	Provisional	LISTERIA ATTENUATED FOR ENTRY INTO NON- PHAGOCYTIC CELLS, VACCINES COMPRISING THE LISTERIA, AND METHODS OF USE THEREOF <u>60/541,515</u>	02/02/04